2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # N23947** 1. Entity Name OLD PELICAN BAY HOMEOWNERS ASSOCIATION, INC. 03-19-2001 90477 030 ****61.25 Principal Place of Business Mailing Address 11220 LONGWATER CHASE COURT %DAN MARKLE 18141 OLD PELICAN BAY DRIVE FT MYERS FL 33908 FORT MYERS BEACH FL 33931 2. Principal Place of Business 3. Mailing Address RON Mai Suite, Apt. #, DO NOT WRITE IN THIS SPACE zma 8292] Applied For City & State 4. FEI Number & State 65-0274285 Not Applicable country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -00 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JORGENSEN, LOIS B 4203 BAY BEACH LAND APT H-5 zio C 3943 | FORT MYERS BEACH FL 33931 8. The above named entity submits this statement for the purpose of changing its registered office or registered 3-15-01 SIGNATURE d Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition PD 💢 Delete TITLE TITLE M McCarty Passage LN MARKLE, DAN NAME NAME STREET ADDRESS STREET ADDRESS 18141 OLD PELICAN BAY DR WYLLYS BAOCH H 33/31 CITY-ST-ZIP CITY-ST-7IP FORT MYERS BEACH FL 33931 ☐ Addition Delete Change VD TITLE TITLE NAME MCCARTY, RON NAME OLD PELICAN BAY OR STREET ADDRESS STREET ADDRESS 12892 DEEP PASSAGE LANE BEACH, FL 33931 CITY-ST-ZIP MYERS CITY-ST-ZIP FORT MYERS BEACH FL 33931 BRAD STAHLHUT Addition Change Delete_ TITLE JORGENSEN, LOIS NAME NAME 13731 MARKAM LANE P3 STREET ADDRESS STREET ADDRESS 4203 BAY BEACH LANE, APT H-5 FT MYERS, FL 33919 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS BEACH FL 33931 ☐ Addition ☐ Change Delete TITLE JOHNSON, MICHAEL NAME NAME STREET ADDRESS 768 ASHBURTON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Change ☐ Addition Delete TITLE TITLE SCIALDONE, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 3040 ESTERO BLVD CITY-ST-ZIP CITY-ST-ZIP FORT MYERS BEACH FL 33931

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

941-466 7064

☐ Addition

☐ Change